

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For New Members, Candidates, and New Employees
18 SEP 12 PM 4: 03

Name: A nthony F iaccavento **Daytime Telephone:** 404-291-4000

FILER STATUS <input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives <input type="checkbox"/> Candidates – Date of Election: <u>6-12-18</u>	State: <u>Virginia</u> District: <u>9th</u> <input type="checkbox"/> Check if Amendment	Period Covered: January 1, <u>2016</u> to <u>2017</u>
	New Officer or Employee <input type="checkbox"/> Employing Office: _____	

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A . Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E . Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
C . Did you or your spouse have "earned" income (e.g. salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F . Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
D . Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G . Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Anthony Flaccavento

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BLOCK A		BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income											
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “None” column. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if uninvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated during the reporting period.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “None” column. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if uninvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated during the reporting period.											
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		“Column M is for assets held by your spouse or dependent child in which you have no interest.												“Column M is for assets held by your spouse or dependent child in which you have no interest.												“Column XII is for assets held by your spouse or dependent child in which you have no interest.											
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For rental and other real property held for investment, provide a complete address or description, e.g., “Rental property,” and a city and state.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.											
If you have privately-held land that is an Exempted Investment Fund, please check the “EF” box.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.											
If you so choose, you may indicate that an asset or dependent child (PC), or jointly held with anyone (J), or in the optional column on the far left.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.											
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.											
\$P, DC, LT	EF	Current Year												Preceding Year																							
Examples:		None												None																							
ABC Hedge Fund		\$1-\$1,000												\$1-\$200																							
JT 2 Automobiles		\$1,001-\$15,000												\$201-\$1,000																							
JT FLACCAMENTO FARMS		\$15,001-\$50,000												\$1,001-\$2,500																							
JT SCALE, INC		\$50,001-\$100,000												\$2,501-\$6,000																							
JT EASTMAN (Cont'd) VISION RECS		\$100,001-\$1,000,000												\$5,001-\$15,000																							
(cont'd)		Over \$5,000,000												\$15,001-\$50,000																							
(cont'd)		Spouse/DC Asset over \$1,000,000*												\$50,001-\$100,000																							
(cont'd)		None												\$50,001-\$15,000																							
(cont'd)		\$1-\$200												\$1-\$200																							
(cont'd)		\$201-\$1,000												\$201-\$1,000																							
(cont'd)		\$1,001-\$2,500												\$1,001-\$2,500																							
(cont'd)		\$2,501-\$6,000												\$2,501-\$6,000																							
(cont'd)		\$5,001-\$15,000												\$5,001-\$15,000																							
(cont'd)		\$15,001-\$50,000												\$15,001-\$50,000																							
(cont'd)		\$50,001-\$100,000												\$50,001-\$100,000																							
(cont'd)		\$100,001-\$1,000,000												\$100,001-\$1,000,000																							
(cont'd)		\$1,000,001-\$5,000,000												\$1,000,001-\$5,000,000																							
(cont'd)		Over \$5,000,000												Over \$5,000,000																							
(cont'd)		Spouse/DC Income over \$1,000,000*												Spouse/DC Income over \$1,000,000*																							

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Anthony Flaccavento

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Assets and/or Income Sources		BLOCK B												BLOCK C												BLOCK D											
		Value of Asset						Type of Income						Amount of Income																							
ASSET NAME	BR																																				
SP ON Equity	30G-664502	X	None																																		
"	" 30G-724827	X	\$1-\$1,000																																		
"	" 30G-490098	X	\$1,001-\$15,000																																		
"	" 30G-6647647	X	\$15,001-\$50,000																																		
"	" 30G-664506	X	\$50,001-\$100,000																																		
"	" 30G-490106	X	\$100,001-\$250,000																																		
"	" 30G-490114	X	\$250,001-\$500,000																																		
			\$500,001-\$1,000,000																																		
			\$1,000,001-\$5,000,000																																		
			\$5,000,001-\$25,000,000																																		
			\$25,000,001-\$50,000,000																																		
			Over \$50,000,000																																		
			Spouse/DC Asset over \$1,000,000*																																		
			NONE																																		
			DIVIDENDS																																		
			RENT																																		
			INTEREST																																		
			CAPITAL GAINS																																		
			EXCEPTED/BLIND TRUST																																		
			TAX-DEFERRED																																		
			Other Type of Income (Specify, e.g., Partnership Income or Farm Income)																																		
			None																																		
			\$1-\$200																																		
			\$201-\$1,000																																		
			\$1,001-\$2,500																																		
			\$2,501-\$5,000																																		
			\$5,001-\$15,000																																		
			\$15,001-\$50,000																																		
			\$50,001-\$100,000																																		
			\$100,001-\$1,000,000																																		
			\$1,000,001-\$5,000,000																																		
			Over \$5,000,000																																		
			Spouse/DC Income over \$1,000,000*																																		
			None																																		
			\$1-\$200																																		
			\$201-\$1,000																																		
			\$1,001-\$2,500																																		
			\$2,501-\$5,000																																		
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			\$50,001-\$100,000																																		
			\$100,001-\$1,000,000																																		
			\$1,000,001-\$5,000,000																																		
			Over \$5,000,000																																		
			Spouse/DC Income over \$1,000,000*																																		

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Anthony
Place Avento

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1st the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)

> additional sheets if more space is required

SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

***Column K is for liabilities held solely by your spouse or dependent child.**

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.	
Position	Name of Organization
Treasurer - WIN non-compensated	Spouse

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Anthony Flaccavento

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Date	Parties to Agreement	Terms of Agreement
	N/A	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homestead, Homestate	Accounting Services
SCALE, Inc. Abingdon VA. - Anthony Scale, Inc. - Laurel	Speaking + Organizing Rural Farming + Economy Manager of S-Corp. - Scale, Inc.
V.A. Retirement System - Retirement - Laurel	Retirement Pension

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

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NOTE NUMBER	NOTES
Ssn.J.	SCALE, Inc. is an S Corp owned by Anthony Laurel Flaccavento.
	Although the following payments were made directly to the corporation, we are electing to disclose payments made to Scale, Inc. over \$5000.
Douglas Co. Kansas -	2016 - \$35,625 2017 \$13,443
Choctaw Nation	Durant, OK 2016 \$ 2017 \$ 33,750 \$ 83,750 <u>\$ 67,500 Total</u>
Friends of SW VA	Abingdon, VA 2016 \$ 2017 \$ 59,500
Natural Capital Inc	2016 \$ 7500 2017 \$
WVA. Food & Farm Coalition	2016 \$ 10,000 2017 \$
Hen House Market	2016 \$ 7500 2017 \$

Use additional sheets if more space is required.